

PART B - FEE(S) TRANSMITTAL

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45217 7590 04/14/2011

APPLE INC/BSTZ
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1279 OAKMEAD PARKWAY
SUITE 300
SUNNYVALE, CA 94085-4040

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Juanita Briscoe	(Depositor's name)
<i>Origitte B.</i>	(Signature)
<i>7/12/11</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/679,692	10/04/2000	Glenn Reid	004860.P2475	9006
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TITLE OF INVENTION: LAYERED GRAPHICAL USER INTERFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	07/14/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS			
TRAN, MYLINH T		2179	715-762000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).	Blakely, Sokoloff, Taylor & Zafman LLP 1 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

APPLE INC.

CUPERTINO, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 3

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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature James C. Scheller
Typed or printed name James C. Scheller

Date July 12, 2011
Registration No. 31,195

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